FORM D

UNITED STATES

SEC Mail Processing Section

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Washington, DC

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

191131/
OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2008
Estimated Average burden
hours per form16.00

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

1144 ZIM

Type of Filing: A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.) AG COMMERCIAL REAL ESTATE DEBT FUND, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Angelo, Gordon & Co., L.P., 245 Park Avenue, 26 th Floor, New York, NY 10167 (212) 60 Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices) Brief Description of Business: To operate as a private investment limited partnership.	on				
Name of Offering: AG COMMERCIAL R	EAL ESTATE DEB	r Fund, L.P <i>Of</i>	fering of Limi	ted Partnership Int	erests
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing:	☑ New Filing	☐ Amendment			
	А. В.	ASIC IDENTIFICAT	TION DATA		
1. Enter the information requested about the is:	suer	•			
Name of Issuer (check if this is an am	endment and name has	changed, and indicat	e change.)		
AG COMMERCIAL REAL ESTATE DEBT	FUND, L.P.				1111111 1111111111111111111111111111111
			, Zip Code)	Telephone Number (
c/o Angelo, Gordon & Co., L.P., 245 Park Ave	(212) 692-2042	P (2001) ODJET (2011) ODJET ŠVETI IDIOLĪJETOR IDIUI DREJ LADI			
Address of Principal Business Operations	(Number	and Street, City, State	, Zip Code)	Telephone Number (08058884
(if different from Executive Offices)					
Brief Description of Business: To operate a	s a private investn	nent limited partn	ership.		PROCESSED
Type of Business Organization					SEP 1 0 2008
☐ corporation		ship, already formed	□ o	ther (please specify):	
☐ business trust	☐ limited partner	ship, to be formed			THOMSON REUTERS
Actual or Estimated Date of Incorporation or O	rganization:			r 7 🗷 Actual	☐ Estimated
·					E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Promoter Beneficial Owner Full Name (Last name first, if individual) AGCRED I LLC (the "General Partner" or "GP") Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26 th Floor, New York, New York 10167 ANGELO, GORDON & CO., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26 th Floor, New York, New York 10167	
Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) AGCRED I LLC (the "General Partner" or "GP") Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26th Floor, New York, New York 10167 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Manager of the GP □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) ANGELO, GORDON & Co., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ Managing Partner Full Name (Last name first, if individual) AGCRED I LLC (the "General Partner" or "GP") Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26th Floor, New York, New York 10167 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Manager of the GP □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) ANGELO, GORDON & Co., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
Each executive officer and director of corporate issuers and of corporate general and managing partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ Managing Partner Full Name (Last name first, if individual) AGCRED I LLC (the "General Partner" or "GP") Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26 th Floor, New York, New York 10167 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Manager of the GP □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) ANGELO, GORDON & CO., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual) AGCRED I LLC (the "General Partner" or "GP") Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26 th Floor, New York, New York 10167 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Manager of the GP □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) ANGELO, GORDON & CO., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name first, if individual) AGCRED I LLC (the "General Partner" or "GP") Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26th Floor, New York, New York 10167 Check Box(es) that Apply:	
AGCRED I LLC (the "General Partner" or "GP") Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26 th Floor, New York, New York 10167 Check Box(es) that Apply: Promoter Beneficial Owner Manager of the GP Director Managing Partner Full Name (Last name first, if individual) ANGELO, GORDON & Co., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Avenue, 26th Floor, New York, New York 10167 Check Box(cs) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) ANGELO, GORDON & Co., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(cs) that Apply: Promoter Beneficial Owner Manager of the GP Director Managing Partner Full Name (Last name first, if individual) ANGELO, GORDON & Co., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(cs) that Apply: Promoter Beneficial Owner Manager of the GP Director Managing Partner Full Name (Last name first, if individual) ANGELO, GORDON & Co., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
ANGELO, GORDON & Co., L.P. ("Angelo, Gordon") Business or Residence Address (Number and Street, City, State, Zip Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
245 Park Avenue, 26th Floor, New York, New York 10167	
Check Box(es) that Apply:	
Full Name (Last name first, if individual)	
ANGELO, JOHN M.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Angelo, Gordon & Co., L.P., 245 Park Avenue, 26th Floor, New York, New York 10167	
Check Box(es) that Apply:	
Full Name (Last name first, if individual)	
GORDON, MICHAEL L.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Angelo, Gordon & Co., L.P., 245 Park Avenue, 26th Floor, New York, New York 10167	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Of Angelo, Gordon Managing Partner	
Full Name (Last name first, if individual)	
Berger, Fred	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Angelo, Gordon & Co., L.P., 245 Park Avenue, 26th Floor, New York, New York 10167	
Check Box(es) that Apply: Promoter Beneficial Owner Example: Director Of Angelo, Gordon Director Managing Partner	
Full Name (Last name first, if individual)	
WEKSELBLATT, JOSEPH	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Angelo, Gordon & Co., L.P., 245 Park Avenuc, 26th Floor, New York, New York 10167	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	1				B. 1	NFORM	ATION A	BOUT O	FFERING					
										•		 -	Yes	No
1.	Has the issuer	sold, or de	oes the issue	er intend to										×
								umn 2, if fi	-				ec 004	0.000
2.	What is the m	inimum in	vestment th	at will be a	ccepted fro	m any indiv	/idual?					•	\$ <u>5,001</u> Yes	0,000 * No
*(0	or any lesser	amount a	at the sole	e discreti	on of the	General	Partner)						103	140
3.	Does the offer	ring permit	t joint owne	rship of a si	ngle unit?.		***************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**************		X	
4.	Enter the info solicitation of registered wit a broker or de	purchases h the SEC	rs in connect and/or with	ction with s a state or s	ales of sec tates, list th	urities in t he name of	he offering the broker	. If a perso or dealer. I	on to be lis	ted is an a	ssociated p	erson or ag	ent of a brol	ker or dealei
Full	Name (Last na	me first, if	individual)											
NO	NE													
Bus	iness or Resider	nce Addres	s (Number	and Street,	City, State,	Zip Code)								
Nar	ne of Associated	d Broker or	r Dealer								<u> </u>			
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ds to Solici	t Purchaser	s							
	(Check "All S	tatee" or d	hack individ	lual Statos)										Statoe
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	(ID)	Juics
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	(MT) [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[ta] [tx]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) (WV)	[OK] [WI]	[OR] [WY]	[PA] [PR]	
	Name (Last na iness or Reside		·		ı, City, Stat	e, Zip Code	e)							
Nan	ne of Associated	d Broker o	r Dealer											
Stat	es in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s						-	
	(Check "All S	tates" or c	heck individ	lual States)									🗖 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	(IN)	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[UI] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	ĮОНЈ [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full	Name (Last na	me first, if	individual)					•				-		
P	iness or Resider	non Addron	e (Name	r and Cam-	Cin. St-	o 7in Cod	.,			<u> </u>				
Dus	mess or Resider	nce Addres	s (Numbe	r and Street	i, City, Stat	e, zip Code	2)							
Nan	ne of Associated	Broker or	r Dealer	• • • • •										
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	is to Solici	t Purchaser	s			 				
	(Check "All S	tates" or cl	heek individ	lual States)	***************************************					•••••			🗖 All :	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL] [MT]	[IN] [NE]	[IA] [NV]	(KS) (NH)	(KY)	[LA]	(ME)	[MD]	[MA]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[R1]	[SC]	[SD]	(TNI)	(NJ) (TX)	(NM) (UT)	(NY) IVTI	[NC] [VA]	[ND] [WA]	[OH] [WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗖 and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold (1) Debt Equity ☐ Common ☐ Preferred Convertible Securities (including warrants)..... \$507,625,000 \$ 507,625,000 Partnership Interests Other (specify) \$507,625,000 \$_507,625,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases investors 116 \$ 507,625,000 Accredited Investors Non-accredited Investors 0 Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505..... N/A N/A Regulation A..... N/A N/A Rule 504..... N/A N/A Total...... N/A N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$<u>-0-</u> \$ 50,000 Printing and Engraving Costs..... \square Legal Fees \$200,000 \square Accounting Fees \$ -0-Engineering Fees. <u>-0-</u> Sales Commissions (specify finders' fees separately) \$ <u>-0-</u> X \$ 150,000 \$ 400,000 (1) Total \square

(1) Reflects estimate of initial costs only.

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE	OF	PROCEEDS	· · · · · · · · · · · · · · · · · · ·
	b. Enter the difference between the aggregate offering price gi expenses furnished in response to Part C - Question 4.a. This c issuer."	lifference is the "adjusted gross proceeds to the		\$ <u>507,22</u>	5,000
5.	Indicate below the amount of the adjusted gross proceeds to the is purposes shown. If the amount for any purpose is not known, fur the estimate. The total of the payments listed must equal the a response to Part C - Question 4.b above.	mish an estimate and check the box to the left of			
			•	Payments to Officers, Directors, and Affiliates	Payments to Others
	Salaries and fees		X	\$ <u>(2)</u>	□ \$
	Purchases of real estate			\$	□ \$
	Purchase, rental or leasing and installation of machinery and equip	ment		\$	□ \$
	Construction or leasing of plant buildings and facilities			\$	□ \$
	Acquisition of other businesses (including the value of securities i may be used in exchange for the assets or securities of another issues to be used in exchange for the assets or securities of another issues.)			\$	□ \$ <u> </u>
	Repayment of indebtedness			\$	□ \$
	Working capital			\$	□ \$
	Other (specify):			\$	➣ \$507,225,000
	Column Totals		X	\$_(2)	⊠ \$ <u>507,225,000</u>
	Total Payments Listed (column totals added)			× \$ <u>5</u>	607,225,000
_	D.	FEDERAL SIGNATURE			
and acc	issuer has duly caused this notice to be signed by the undersigned dertaking by the issuer to furnish to the U.S. Securities and Exchange edited investor pursuant to paragraph (b)(2) of Rule 502.	Commission, upon written request of its staff, the	Rule infon	505, the following nation furnished l	g signature constitutes by the issuer to any no
issu	er (Print or Type)	Signature		Date	
	COMMERCIAL REAL ESTATE DEBT FUND, L.P.	MIM		augus	1 28,200
Var	ne of Signer (Print or Type)	Title of Signer (Print or Type)		0	
Вү	: AGCRED I LLC, the General Partner				
	: ANGELO, GORDON & CO., L.P., its Manager : JOSEPH WEKSELBLATT	Chief Financial Officer of Angelo, Gord	don 8	& Co., L.P.	

(2) The General Partner will be entitled to a performance allocation. Angelo, Gordon & Co., L.P., the investment manager and an affiliate of the General Partner, will be entitled to receive a management fee. The performance allocation and the management fee are discussed in greater detail in the Issuer's confidential offering materials.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

<u>.</u>				
	Е.	STATE SIGNATURE		
			Yes	No
1.	Is any party described in 17 CFR 230.262 presently subject to any	of the disqualification provisions of such rule?		
	See Appendix, C	Column 5, for state response. NOT APPLICABLE		
2.	The undersigned issuer hereby undertakes to furnish to any state such times as required by state law.	administrator of any state in which this notice is filed, a notice on Form	n D (17 CFF	239.500) at
3.	The undersigned issuer hereby undertakes to furnish to the state as	dministrators, upon written request, information furnished by the issuer	to offerees.	
4.		n the conditions that must be satisfied to be entitled to the Uniform lin that the issuer claiming the availability of this exemption has the burden		
	e issuer has read this notification and knows the contents to be true a son.	nd has duly caused this notice to be signed on its behalf by the undersig	ned duly aut	horized
Issu	ter (Print or Type)	Signature Date		
AC	G COMMERCIAL REAL ESTATE DEBT FUND, L.P.	Marie Might	H28,	2008
Na	ne (Print or Type)	Tiple (Print or Type)	•	
Ву	: AGCRED I LLC, the General Partner			
	: ANGELO, GORDON & CO., L.P., its Manager : JOSEPH WEKSELBLATT	Chief Financial Officer of Angelo, Gordon & Co., L.P.		

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX					
1		2	3			4			5	
	to non-a	I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	\$507,625,000 aggregate amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		X	See Above	11	\$5,000,000	N/A	N/A	N/A	N/A	
AR		Х	See Above	1	\$5,000,000	N/A	N/A	N/A	N/A	
CA		x	See Above	3	\$3,625,000	N/A	N/A	N/A	N/A	
со		X	See Above	ı	\$2,000,000	N/A	N/A	N/A	N/A	
СТ		x	See Above	6	\$7,650,000	N/A	N/A	N/A	N/A	
DE		x	See Above	1	\$500,000	N/A	N/A	N/A_	N/A	
DC		X	See Above	5	\$40,500,000	N/A	N/A	N/A	N/A	
FL		X	See Above	9	\$9,000,000	N/A	N/A	N/A	N/A	
GA										
н										
ID	ļ									
IL		X	See Above	6	\$27,500,000	N/A	N/A	N/A	N/A	
IN		X	See Above	3	\$3,000,000	N/A	N/A	N/A	N/A	
ΙA										
KS										
KY										
LA	<u></u>							···		
ME										
MD		X	See Above	2	\$3,500,000	N/A	N/A	N/A	N/A	
MA		X	See Above	3	\$3,000,000	N/A	N/A	N/A	N/A	
MI		x	See Above	1	\$30,000,000	N/A	N/A	N/A	N/A	
MN										
MS										
МО		x	See Above	1	\$250,000	N/A	N/A	N/A	N/A	
МТ										
NE										
NV		x	See Above	2	\$2,000,000	N/A	N/A	N/A	N/A	
NH							<u> </u>			

• , ,					APPENDIX				
1		2	3		5				
	to non-a	l to sell eccredited s in State l-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	\$507,625,000 aggregate amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NJ		X	See Above	5	\$53,550,000	N/A	N/A	N/A	N/A
NM									
NY		X	See Above	36	\$100,400,000	N/A	N/A	N/A	N/A
NC		x	See Above	3	\$77,000,000	N/A	N/A	N/A	N/A
ND								-	
ОН									
ок		X	See Above	ı	\$2,750,000	N/A	N/A	N/A	N/A
OR									
PA		X	See Above	8	\$6,500,000	N/A	N/A	N/A	N/A
RI		x	Sec Above	1	\$20,000,000	N/A	N/A	N/A	N/A
SC		x	See Above		\$1,000,000	N/A	N/A	N/A_	N/A
SD									
TN		X	See Above	5	\$54,650,000	N/A	N/A	N/A	N/A
TX		X	See Above	2	\$3,000,000	N/A	N/A	N/A	N/A
UŢ									
VT				· · · · · · · · · · · · · · · · · · ·					
VA									
WA		X	See Above	1	\$25,000,000	N/A	N/A	N/A	N/A
wv									
wı						,,,,			
WY									
PR									

